

BIOLOGIC REGULATORY CONSULTING, INC.
agribusiness professionals

December 4, 2019

Document Processing Desk (AMEND)
Office of Pesticide Programs (7504P)
US Environmental Protection Agency
One Potomac Yard
2777 S. Crystal Drive
Room S-4900, 4th Floor
Arlington, VA 22202

Attention: Ms. Jacquelyn Herrick, PM#3
RE: "Bifenthrin Technical"; EPA Reg. No. 91960-1
Pending Amendment – OPPTS Dec #D-548608
Correction of CSF – Per Dr. Duan

Dear Ms. Herrick:

On behalf of Gensource, Inc. we are submitting this revised CSF #4 in response to Dr. Duan's November 25th, 2019 email and telephone call. This revised CSF replaces the previous version submitted.

We have included the following documents:

- Application for Pesticide Amendment (EPA Form 8570-1)
- Corrected Alternate #4 Confidential Statement of Formula (EPA Form 8570-4)


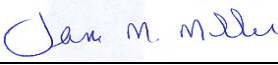
Thank you in advance for your efforts in reviewing this submission. Please do not hesitate to contact me by email at jmiller@biologicconsulting.com or by phone at 239-331-3422 should you have any questions.

Sincerely,



Jane M. Miller
Agent to Gensource, Inc.

10529 Heritage Bay Blvd.
Naples, FL 34120
Tel: 239.331.3422
Email: jmiller@biologicconsulting.com

 United States Environmental Protection Agency 1200 Pennsylvania Avenue, N.W. Washington, DC 20460-0001		<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Other	OPP Identifier Number
Application for Pesticide – Section I			
1. Company/Product Number 91960-1		2. EPA Product Manager J. Herrick	
4. Company/ Product (Name) Bifenthrin Technical		3. Proposed Classification X None <input type="checkbox"/> Restricted	
5. Name and Address of Applicant (Include ZIP Code) Gensource LLC c/o Biologic Regulatory Consulting, Inc. 10529 Heritage Bay Blvd. Naples, FL 34120 <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3)(b)(i) my product is similar or identical in composition and labeling to: EPA Reg. Nos: Product Name(s):	
Section – II			
<input checked="" type="checkbox"/> Amendment – Explain below. <input type="checkbox"/> Resubmission in response to Agency letter dated _____ <input type="checkbox"/> Notification – Explain below.		<input type="checkbox"/> Final printed labels in response to Agency letter dated _____ <input type="checkbox"/> "Me Too" Application. <input type="checkbox"/> Other – Explain below.	
Explanation: Use additional page(s) if necessary. (For Section I and Section II.) Pending Amendment – D-548608 Gensource LLC – Submission of revised CSF #4 per Dr. Duan request.. Jane Miller, Agent: jmill@biologicconsulting.com			
Section – III			
1. Material This Product Will Be Packaged In:			
Child Resistant Packaging <input type="checkbox"/> Yes* <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	2. Type of Container <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify):
*Certification must be submitted		If "Yes" Unit Packaging Wt. No. Per Container	If "Yes" Packaging Wt. No. Per Container
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container	
		5. Location of Label Directions <input type="checkbox"/> On Label <input type="checkbox"/> On Labeling Accompanying Product	
6. Manner in Which Label is Affixed to Product		<input type="checkbox"/> Lithograph <input type="checkbox"/> Stenciled <input type="checkbox"/> Paper glued <input type="checkbox"/> Other	
Section – IV			
1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application).			
Name Jane M. Miller		Title Agent	Telephone No. (Include Area Code) 239-331-3422
Certification			6. Date Application Received (Stamped)
I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			
2. Signature 		3. Title Agent	
4. Typed Name Jane M. Miller		5. Date December 4, 2019	